

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator <u>John L. Howe Corporation</u>			Lease <u>State DA</u>			Well No.	
Location of Well	Unit	Sec	Twp	Rge	County		
	<u>L</u>	<u>16</u>	<u>21</u>	<u>37</u>	<u>Lin</u>		
	Name of Reservoir or Pool		Type of Prod (Oil or Gas)	Method of Prod Flow, Art Lift	Prod. Medium (Tbg or Csg)		Choke Size
Upper Compl	<u>Eumont</u>		<u>Gas</u>	<u>Flow</u>	<u>Csg</u>		<u>2"</u>
Lower Compl	<u>Dinkard</u>		<u>Oil</u>	<u>Flow</u>	<u>Tbg</u>		<u>24/64</u>

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 AM 3-4-74

	Upper Completion	Lower Completion
Well opened at (hour, date):	<u>10:00 AM 3-5-74</u>	
Indicate by (X) the zone producing.....		<u>X</u>
Pressure at beginning of test.....	<u>140</u>	<u>540"</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>180</u>	<u>10"</u>
Minimum pressure during test.....	<u>140</u>	<u>10"</u>
Pressure at conclusion of test.....	<u>180</u>	<u>10"</u>
Pressure change during test (Maximum minus Minimum).....	<u>40</u>	<u>-</u>
Was pressure change an increase or a decrease?.....	<u>Inc</u>	<u>-</u>
Well closed at (hour, date):	Total Time On Production <u>24 HRS</u>	
Oil Production	Gas Production	
During Test: <u>7.50</u> bbls; Grav. _____	During Test <u>63</u> MCF; GOR <u>2,340</u>	
Remarks _____		

FLOW TEST NO. 2

	Upper Completion	Lower Completion
Well opened at (hour, date):	<u>10:00 AM 3-7-74</u>	
Indicate by (X) the zone producing.....	<u>X</u>	
Pressure at beginning of test.....	<u>180</u>	<u>210</u>
Stabilized? (Yes or No).....	<u>Yes</u>	<u>Yes</u>
Maximum pressure during test.....	<u>180</u>	<u>340</u>
Minimum pressure during test.....	<u>180</u>	<u>210</u>
Pressure at conclusion of test.....	<u>180</u>	<u>340</u>
Pressure change during test (Maximum minus Minimum).....	<u>-</u>	<u>150</u>
Was pressure change an increase or a decrease?.....	<u>-</u>	<u>Inc</u>
Well closed at (hour, date):	Total time on Production <u>24 HRS</u>	
Oil Production	Gas Production	
During Test: _____ bbls; Grav. _____	During Test <u>60</u> MCF; GOR _____	
Remarks _____		

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved _____ 19 _____
New Mexico Oil Conservation Commission
Orig. Signed by
Joe D. Ranney
Dist. I, Supv.
By _____
Title _____

Operator _____
By _____
Title _____
Date _____

[illegible]

APPROVED
ORDING CH

ARTS
Blue
Tbx
Red
Gas

LOCATION 19
REMARKS
P.T. 500-125
B.O. 2000-125
Los Angeles, California

19
LOCATION

REMARKS
B-2000-12-S
Los Angeles, California